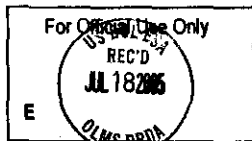


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3241</u>	2. Fiscal Year Covered From: <u>1 / 1 / 04</u> Through: <u>12 / 31 / 04</u>
3. Name and address of person filing. Name <u>ANTHONY CAVALOS</u> P.O. Box, Bldg., Room No., if any Street <u>1000 Burr Ridge Parkway</u> City <u>Burr Ridge</u> State <u>IL</u> ZIP Code + 4 <u>60527</u>	4. Name, file number, and address of labor organization. Name <u>TEAMSTERS LOCAL 731</u> Labor Organization File Number <u>011948</u> P.O. Box, Building and Room Number, if any Street <u>1000 Burr Ridge Parkway</u> City <u>Burr Ridge</u> State <u>IL</u> ZIP Code + 4 <u>60527</u>
5. Position in labor organization. <u>BUSINESS REPRESENTATIVE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Anthony Cavalos</u>	On <u>07/20/05</u> <u>630-887-4107</u> Date Telephone Number

Name of Person Filing ANTHONY C. AVAIOS	File Number U- 3241
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name: DOWD, Bloch & BENNETT</p> <p>Trade Name, if any: DOWD, Bloch & Bennett</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street: 8 SOUTH Michigan 19TH FL.</p> <p>City: CHICAGO</p> <p>State: IL. ZIP Code + 4: 60603</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: ALL TRUST FUND & 731 HEALTH WELFARE AND PENSION FUNDS</p> <p>Trade Name, if any: 731 H&W & PENSION FUNDS</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street: 1000 Burr Ridge Parkway</p> <p>City: Burr Ridge</p> <p>State: IL. ZIP Code + 4: 60527</p>	<p>11.a. Nature of such dealing.</p> <p>PROVIDE LEGAL REPRESENTATION TO UNION AND ALL TRUST FUNDS.</p>
	<p>11.b. Approximate dollar value of such dealing. UNKNOWN</p>
	<p>12.a. Nature of interest held or income received.</p> <p>CAN OF POPCORN CHRISTMAS GIFT</p>
	<p>12.b. Amount. 28.00</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: JAMES R. Dyer</p> <p>Trade Name, if any: JAMES R. Dyer AND ASSOC.</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street: 101 N. Wacker DR. Suite 200</p> <p>City: CHICAGO</p> <p>State: IL. ZIP Code + 4: 60606</p>	<p>14.a. Nature of payment.</p> <p>GIFT Certificate UNSOLICITED FROM ATTORNEY I HAD NO DEALINGS WITH.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. 50.00</p>

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name: TEAMSTERS LOCAL 731 PENSION TRUST FUND</p> <p>Trade Name, if any: TEAMSTERS LOCAL 731 PENSION TRUST FUND</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street: 1000 BURN RIDGE PARKWAY</p> <p>City: BURN RIDGE</p> <p>State: FL ZIP Code + 4: 60527</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: TEAMSTERS LOCAL 731 PENSION TRUST FUND</p> <p>Trade Name, if any: TEAMSTERS LOCAL 731 PENSION TRUST FUND</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street: 1000 BURN RIDGE PARKWAY</p> <p>City: BURN RIDGE</p> <p>State: FL ZIP Code + 4: 60527</p>	<p>11.a. Nature of such dealing.</p> <p>FUND PROVIDES PENSION BENEFITS FOR UNION EMPLOYEES AND EMPLOYEES OF CONTRIBUTING EMPLOYERS.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>ATTENDED CLASSES FOR PENSION FUND FOR EDUCATION ON D.O.L. REGULATIONS AND ERISA RULES. AS A TRUSTEE OF THE FUND THIS IS MY FIDUCIARY RESPONSIBILITY. PAYMENT WAS REFUND FOR MY TRANSPORTATION, LODGING AND FOOD</p> <p>12.b. Amount. 1989.00</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>